

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90206 019 \*\*\*143.75

**DOCUMENT # L07000028980**

1. Entity Name

CLEAR TITLE & TRUST, LLC



Principal Place of Business

6881 KINGSPONTE PARKWAY  
SUITE 11  
ORLANDO FL 32819  
US

Mailing Address

6881 KINGSPONTE PARKWAY  
SUITE 11  
ORLANDO FL 32819  
US



2. Principal Place of Business - No. Box #

6996 PIAZZA GRANDE AVE. 6996 PIAZZA GRANDE AVE.

Suite, Apt. #, etc.

SUITE 305

Suite, Apt. #, etc.

SUITE 305

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip  
32835

Country  
USA

Zip  
32835

Country  
USA

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-8657346

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEAF, ARTHUR O  
6881 KINGSPONTE PARKWAY  
SUITE 11  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name  
ADELL L. PUJALTE FRANCO  
Street Address (P.O. Box Number is Not Acceptable)  
6996 PIAZZA GRANDE AVE.  
SUITE 305  
City  
ORLANDO FL Zip Code  
32835

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Adell L. Pujalte Franco*

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/28/08

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PUJALTE FRANCO, ADELL L	
STREET ADDRESS	6881 KINGSPONTE PARKWAY SUITE 11	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	6996 PIAZZA GRANDE AVE.	<input type="checkbox"/> Delete
NAME	SUITE 305	
STREET ADDRESS	ORLANDO, FL 32835	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Adell L. Pujalte Franco* ADELL L. PUJALTE FRANCO 04/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Day/Mo/Yr

(407) 401-0443